

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7706</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Athanasios</u> <u>Kalamaras</u> P.O. Box, Bldg., Room No., if any Street <u>50-44 43rd Street</u> City <u>Woodside</u> State <u>New York</u> ZIP Code + 4 <u>11377</u>	4. Name, file number, and address of labor organization. Name <u>I.U.P.A.T. District Council No. 9 AFL-CIO</u> Labor Organization File Number <u>006-770</u> P.O. Box, Building and Room Number, if any Street <u>45 West 14th Street</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10011-7419</u>
5. Position in labor organization. <u>Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. <u>None.</u> 7.b. Amount. <u>\$0</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Athanasios Kalamaras

On

8-10-05

Date

(212) 255-2950

Telephone Number

Name of Person Filing **1** Athanasios Kalamaras

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Koehler & Issacs, LLP**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **29th Floor**Street **120 Broadway**City **New York**State **New York** ZIP Code + 4 **10271**

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Fees paid for legal services for calendar year 2004.

11.b. Approximate dollar value of such dealing.

\$149,189

12.a. Nature of interest held or income received.

Holiday gift.

12.b. Amount.

\$75

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

None.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$0

Name of Person Filing Athanasios Kalamaras

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Master Painters Association of New York City

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Room 506

Street 50 East 42nd Street

City New York

State New York ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Amounts paid to the Employers Association of the Painting Industry in New York for the calendar year 2004:

Convention - \$2,500
Advertising - \$ 600
Contributions - \$ 200

11.b. Approximate dollar value of such dealing.

\$3,300

12.a. Nature of interest held or income received.

Installation dinner for Association officers.

12.b. Amount.

\$60

Name of Person Filing Athanasios Kalamaras

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Painting Industry Insurance Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 45 West 14th Street

City New York

State New York ZIP Code + 4 10011-7419

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Painting Industry Insurance Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 45 West 14th Street

City New York

State New York ZIP Code + 4 10011-7419

11.a. Nature of such dealing.

Related organization.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Holiday party.

12.b. Amount.

\$100

Name of Person Filing Athanasios Kalamaras

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Joint Apprentice and Training Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 45 West 14th Street

City New York

State New York ZIP Code + 4 10011-7419

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Joint Apprentice and Training Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 45 West 14th Street

City New York

State New York ZIP Code + 4 10011-7419

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

11.a. Nature of such dealing.

Related organization.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Attended apprentices's graduation BBQ.

12.b. Amount.

\$12